



|   |                    |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
|---|--------------------|--|--|--------------------|----------------|-------------|----------|----------------------|----------------|---------------|----------------|----------|--------------------|---------------------|--------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                    | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>TO BE ASSIGNED</td> </tr> <tr> <td>Filing Date</td> <td>HEREWITH</td> </tr> <tr> <td>First Named Inventor</td> <td>NGUYEN, DON J.</td> </tr> <tr> <td>Examiner Name</td> <td>TO BE ASSIGNED</td> </tr> <tr> <td>Art Unit</td> <td>ANTICIPATED (2836)</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2207/1557298</td> </tr> </table> |  | Application Number | TO BE ASSIGNED | Filing Date | HEREWITH | First Named Inventor | NGUYEN, DON J. | Examiner Name | TO BE ASSIGNED | Art Unit | ANTICIPATED (2836) | Attorney Docket No. | 2207/1557298 |
| Application Number  | TO BE ASSIGNED     |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
| Filing Date   | HEREWITH           |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
| First Named Inventor  | NGUYEN, DON J.     |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
| Examiner Name   | TO BE ASSIGNED     |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
| Art Unit  | ANTICIPATED (2836) |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
| Attorney Docket No.   | 2207/1557298       |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 990</p>  |                    |  |  |                    |                |             |          |                      |                |               |                |          |                    |                     |              |

| <p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other   <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>11-0600</td> </tr> <tr> <td>Deposit Account Name</td> <td>Kenyon &amp; Kenyon</td> </tr> </table> <p><b>The Director is authorized to: (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.</p>  |                 |              |          |  | Deposit Account Number | 11-0600 | Deposit Account Name | Kenyon & Kenyon | <p><b>FEE CALCULATION (continued)</b></p> |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
|---|-----------------|--------------|----------|--|------------------------|---------|----------------------|-----------------|---|----------|----------|----------|----------|--------------------|------|-------|------|-----|--------------------|-----|------|-----|--------------------|-----|-------------------|--|------|-----|------|-----|------------------|--------------|------|--------------|------|-----------------|--------------------|----------|----------|----------|----------|------|------------------------|------|---------------------|------------------------|--|------|----|----------|---|-----------------------------------|--|------|-----|--------------|-----|---------------------------------------|--|-----------------|----------|----------|----------|--|----------|------|-----|------|----|--|--|---------------------|----|------|----|---|----------|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|---------------------|--|--|--|--|---------|
| Deposit Account Number  | 11-0600         |              |          |  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Deposit Account Name  | Kenyon & Kenyon |              |          |  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ 770)</td> </tr> </tbody> </table>   |                 |              |          |  | Large Entity           |         | Small Entity         |                 | Fee Description                           | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1001 | 770   | 2001 | 385 | Utility filing fee | 770 | 1002 | 340 | 2002               | 170 | Design filing fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |              | 1004 | 770          | 2004 | 385             | Reissue filing fee |          | 1005     | 160      | 2005     | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |                        |  |      |    | (\$ 770) | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify)</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td>(\$ 40)</td> </tr> </tbody> </table> |                                   |  |      |     | Large Entity |     | Small Entity                          |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code   | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath                        |  | 1052                | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |          | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$ 40) |
| Large Entity  |                 | Small Entity |          | Fee Description  | Fee Paid               |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Fee Code  | Fee (\$)        | Fee Code     | Fee (\$) |  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1001  | 770             | 2001         | 385      | Utility filing fee   | 770                    |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1002  | 340             | 2002         | 170      | Design filing fee  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1003  | 530             | 2003         | 265      | Plant filing fee   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1004  | 770             | 2004         | 385      | Reissue filing fee   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1005  | 160             | 2005         | 80       | Provisional filing fee   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| <b>SUBTOTAL (1)</b>   |                 |              |          |  | (\$ 770)               |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Large Entity  |                 | Small Entity |          | Fee Description  | Fee Paid               |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Fee Code  | Fee (\$)        | Fee Code     | Fee (\$) |  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1051  | 130             | 2051         | 65       | Surcharge - late filing fee or oath  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1052  | 50              | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.                    |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1053  | 130             | 1053         | 130      | Non-English specification  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1812  | 2,520           | 1812         | 2,520    | For filing a request for reexamination                                     |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1804  | 920*            | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1805  | 1,840*          | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1251  | 110             | 2251         | 55       | Extension for reply within first month                                     |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1252  | 420             | 2252         | 210      | Extension for reply within second month                                    |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1253  | 950             | 2253         | 475      | Extension for reply within third month                                     |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1254  | 1,480           | 2254         | 740      | Extension for reply within fourth month                                    |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1255  | 2,010           | 2255         | 1,005    | Extension for reply within fifth month                                     |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1401  | 330             | 2401         | 165      | Notice of Appeal   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1402  | 330             | 2402         | 165      | Filing a brief in support of an appeal                                     |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1403  | 290             | 2403         | 145      | Request for oral hearing   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1451  | 1,510           | 1451         | 1,510    | Petition to institute a public use proceeding                              |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1452  | 110             | 2452         | 55       | Petition to revive - unavoidable   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1453  | 1,330           | 2453         | 665      | Petition to revive - unintentional   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1501  | 1,330           | 2501         | 665      | Utility issue fee (or reissue)   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1502  | 480             | 2502         | 240      | Design issue fee   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1503  | 640             | 2503         | 320      | Plant issue fee  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1460  | 130             | 1460         | 130      | Petitions to the Commissioner  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1807  | 50              | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)                                       |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1806  | 180             | 1806         | 180      | Submission of Information Disclosure Stmt                                  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 8021  | 40              | 8021         | 40       | Recording each patent assignment per property (times number of properties) | 40                     |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1809  | 770             | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1810  | 770             | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1801  | 770             | 2801         | 385      | Request for Continued Examination (RCE)                                    |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1802  | 900             | 1802         | 900      | Request for expedited examination of a design application                  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Other fee (specify)   |                 |              |          |  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| <b>SUBTOTAL (3)</b>   |                 |              |          |  | (\$ 40)                |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td>30</td> <td>-20 **</td> <td>=</td> <td>10</td> <td>X</td> <td>18</td> <td>=</td> <td>180</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3 **</td> <td>=</td> <td>0</td> <td>X</td> <td>86</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td>0</td> <td></td> <td></td> <td></td> <td>X</td> <td>290</td> <td>=</td> <td>0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ 180)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |                 |              |          |  | Total Claims           | 30      | -20 **               | =               | 10  | X        | 18       | =        | 180      | Independent Claims | 3    | -3 ** | =    | 0   | X                  | 86  | =    | 0   | Multiple Dependent | 0   |                   |  |      | X   | 290  | =   | 0                | Large Entity |      | Small Entity |      | Fee Description | Fee Paid           | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18                     | 2202 | 9                   | Claims in excess of 20 |  | 1201 | 86 | 2201     | 43  | Independent claims in excess of 3 |  | 1203 | 290 | 2203         | 145 | Multiple dependent claim, if not paid |  | 1204            | 86       | 2204     | 43       | ** Reissue independent claims over original patent |          | 1205 | 18  | 2205 | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |    |      |    |   | (\$ 180) |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Total Claims  | 30              | -20 **       | =        | 10   | X                      | 18      | =                    | 180             |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Independent Claims  | 3               | -3 **        | =        | 0  | X                      | 86      | =                    | 0               |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Multiple Dependent  | 0               |              |          |  | X                      | 290     | =                    | 0               |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Large Entity  |                 | Small Entity |          | Fee Description  | Fee Paid               |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| Fee Code  | Fee (\$)        | Fee Code     | Fee (\$) |  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1202  | 18              | 2202         | 9        | Claims in excess of 20   |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1201  | 86              | 2201         | 43       | Independent claims in excess of 3  |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1203  | 290             | 2203         | 145      | Multiple dependent claim, if not paid                                      |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1204  | 86              | 2204         | 43       | ** Reissue independent claims over original patent                         |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| 1205  | 18              | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |                        |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |
| <b>SUBTOTAL (2)</b>   |                 |              |          |  | (\$ 180)               |         |                      |                 |   |          |          |          |          |                    |      |       |      |     |                    |     |      |     |                    |     |                   |  |      |     |      |     |                  |              |      |              |      |                 |                    |          |          |          |          |      |                        |      |                     |                        |  |      |    |          |   |                                   |  |      |     |              |     |                                       |  |                 |          |          |          |  |          |      |     |      |    |  |  |                     |    |      |    |   |          |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |         |

|                            |                 |                                   |        |  |                   |
|----------------------------|-----------------|-----------------------------------|--------|--|-------------------|
| <p><b>SUBMITTED BY</b></p> |                 |                                   |        | <p><b>Complete (if applicable)</b></p> |                   |
| Name (Print/Type)          | Shawn W. O'Dowd | Registration No. (Attorney/Agent) | 34,687 | Telephone                              | 202-220-4255      |
| Signature                  |                 |                                   |        | Date                                   | December 16, 2003 |

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